

## AMENDMENT #4

**CONTRACT #000000000000000000000032137**

This is an Amendment to the Contract (the "Contract") entered into by and between the **Indiana Family and Social Services Administration, Office of Medicaid Policy and Planning** (the "State") and **CARESOURCE INDIANA INC** (the "Contractor") approved by the last State signatory on May 6, 2019.

In consideration of the mutual undertakings and covenants hereinafter set forth, the parties agree as follows:

The Contract for providing risk-based managed care services to Medicaid beneficiaries enrolled in the State of Indiana's Hoosier Healthwise program is hereby amended to update Exhibit 5.C.

**Exhibit 5,C**, which lists the State's Capitation Rates, is superseded and replaced by **Exhibit 5,D**, which is attached hereto and incorporated herein.

Funding in the amount of \$132,946,158.48 is being added to the total contract amount. Total remuneration under the Contract is not to exceed **\$468,456,525.03**.

Additionally, Clause 3 “Term” is hereby deleted and the following substituted therefore:

### 3. Term

This Contract shall be effective for a period of three (3) years. It shall commence on January 1, 2019 and shall remain in effect through December 31, 2021. At the discretion of the State, there may be one (1) additional one (1) year renewal. In no event shall the term of this Contract, not including any years prior to the contract split, exceed a total of four (4) years.

All matters set forth in the original Contract and not affected by this Amendment shall remain in full force and effect.

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### Non-Collusion and Acceptance

The undersigned attests, subject to the penalties for perjury, that the undersigned is the Contractor, or that the undersigned is the properly authorized representative, agent, member or officer of the Contractor. Further, to the undersigned's knowledge, neither the undersigned nor any other member, employee, representative, agent or officer of the Contractor, directly or indirectly, has entered into or been offered any sum of money or other consideration for the execution of this Contract other than that which appears upon the face hereof. **Furthermore, if the undersigned has knowledge that a state officer, employee, or special state appointee, as those terms are defined in IC § 4-2-6-1, has a financial interest in the Contract, the Contractor attests to compliance with the disclosure requirements in IC § 4-2-6-10.5.**

#### Agreement to Use Electronic Signatures


I agree, and it is my intent, to sign this Contract by accessing State of Indiana Supplier Portal using the secure password assigned to me and by electronically submitting this Contract to the State of Indiana. I understand that my signing and submitting this Contract in this fashion is the legal equivalent of having placed my handwritten signature on the submitted Contract and this affirmation. I understand and agree that by electronically signing and submitting this Contract in this fashion I am affirming to the truth of the information contained therein. I understand that this Contract will not become binding on the State until it has been approved by the Department of Administration, the State Budget Agency, and the Office of the Attorney General, which approvals will be posted on the Active Contracts Database:


[https://fs.gmis.in.gov/psp/guest/SUPPLIER/ERP/c/SOI\\_CUSTOM\\_APPS.SOI\\_PUBLIC\\_CNTRCT S.GBL](https://fs.gmis.in.gov/psp/guest/SUPPLIER/ERP/c/SOI_CUSTOM_APPS.SOI_PUBLIC_CNTRCT S.GBL)

**In Witness Whereof**, the Contractor and the State have, through their duly authorized representatives, entered into this Contract. The parties, having read and understood the foregoing terms of this Contract, do by their respective signatures dated below agree to the terms thereof.

CARESOURCE INDIANA INC

Indiana Family and Social Services Administration,  
Office of Medicaid Policy and Planning

DocuSigned by:  
By:   
168D7DF9036A48B...

DocuSigned by:  
By:   
3C2ABD79A80D498...

Title: President, Indiana Market

Title: Medicaid director

Date: 9/16/2020 | 11:19 EDT

Date: 9/24/2020 | 11:52 EDT

Electronically Approved by: Indiana Office of Technology  By: _____ (for) Tracy E. Barnes, Chief Information Officer	Electronically Approved by: Department of Administration  By: _____ (for) Lesley A. Crane, Commissioner
Electronically Approved by: State Budget Agency  By: _____ (for) Zachary Q. Jackson, Director	Electronically Approved as to Form and Legality: Office of the Attorney General  By: _____ (for) Curtis T. Hill, Jr., Attorney General

## EXHIBIT 5.D

### HOOSIER HEALTHWISE CAPITATION RATES

Actuarial Certification:

The actuarial certification for each Contract year is incorporated in this Contract by reference. Actuarial certifications or amendments to certifications that have been signed by contracted entities and approved by CMS will be considered binding on all parties. As a matter of convenience, rates and other information from the certification are reproduced in this section of the Contract, but the certifications generally contain additional detail that should also be considered a part of this Contract.

Note on Capitation Rates:

The capitation rates listed in this exhibit shall apply for the rating periods January 1, 2017 through December 31, 2020.

Note on Rates and Rate Adjustment:

To the extent covered benefits or State-directed fee schedules are adjusted, capitation rates will be subject to revision in order to reflect the required program change. Future capitation rates will also be adjusted each year to reflect new base year data.

From time to time the State may adjust other fee schedules related to covered services for which reimbursement is not State-directed, as defined in 42 CFR 438.6(c)(iii), under this Contract. Where reimbursement is not State-directed, the Contractor may negotiate separate and distinct reimbursement with service providers, constrained only by other Contract provisions, such as access requirements. Should the State change these other fee schedules, there will be no related capitation rate adjustment.

Note on Risk Adjustment:

Each Contractor's rates have been adjusted to reflect the relative morbidity of their enrolled members. FSSA reserves the right to change risk adjustment models and tools. Total payments by FSSA will be cost neutral. Risk adjustment was calculated separately for each major rate grouping, using an aggregate approach, and will be applied to age / gender specific rates. FSSA reserves the right to adjust rates retrospectively. Members enrolled for less than six (6) months were risk adjusted according to each Contractor's average risk adjustment factor.

Note on Incentive Payment Withholding:

The capitation rates listed in this exhibit do not reflect any withhold amounts. FSSA will withhold a portion of the approved capitation payments from the Contractor on the following schedule:

- Year 1, 2017 – one point five eight percent (1.58%)
- Year 2, 2018 – one point seven seven percent (1.77%)
- Year 3, 2019 – one point seven seven percent (1.77%)
- Year 4, 2020 – one point seven seven percent (1.77%)
- Year 5, 2021 – three point three five percent (3.35%)
- Year 6, 2022 – three point nine four percent (3.94%)

The Contractor may be eligible to receive some or all of the withheld funds based on Contractor's performance in the areas outlined in Section B.4.a of Contract Exhibit 2. Withhold payments will be calculated as set forth in Section B.4.a of Contract Exhibit 2.

Note on Section 9010 Health Insurer Fees:

Actuarial soundness requires all applicable fees and taxes be reflected in the rates. This includes the health insurer fee (HIF) implemented under Section 9010 of the Affordable Care Act. FSSA will adjust capitation rates both retrospectively and prospectively to reflect any HIF paid during the contract year and associated income taxes. FSSA intends retroactive HIF adjustments to be a uniform percentage increase to the rates, to be applied to the entire rating period. The amount of the adjustment will be determined after the actual amount of the HIF is known.

## EXHIBIT 5.D

### HOOSIER HEALTHWISE CAPITATION RATES

In this exhibit:

- The CY 2018 rates include an adjustment that was made for the HIF
- The CY 2020 rates do not include an adjustment for the HIF, but it is anticipated that the rates will be adjusted for the HIF at a future time.
- The CY 2017 and CY 2019 rates do not include an adjustment for the HIF. It is not anticipated that the rates will be adjusted for HIF, since the fee was suspended for these years.

Note on Calendar Year 2017 Capitation Rates:

No further adjustments to the Calendar Year 2017 capitation rates are anticipated.

#### 2017 Hoosier Healthwise Capitation Rates Effective January 1, 2017-March 31, 2017

*All rates before adjustment for 1.58% withhold and after risk adjustment.*

##### Package A Rates

Category	Statewide Rate
Newborns	\$ 604.78
Preschoolers	120.52
Children	142.35
Adolescents/Adults	200.15
Pregnant Females	377.20
<b>Maternity Case Rate</b>	<b>\$ 5,895.87</b>

##### Package C Rates

Category	Statewide Rate
Newborns	\$ 219.20
Preschoolers	149.73
Children	148.14
Adolescents	245.23

#### 2017 Hoosier Healthwise Capitation Rates Effective April 1, 2017-June 30, 2017

*All rates before adjustment for 1.58% withhold and after risk adjustment.*

##### Package A Rates

Category	Statewide Rate
Newborns	\$ 645.28
Preschoolers	114.95
Children	138.41
Adolescents/Adults	192.80
Pregnant Females	353.52

## EXHIBIT 5.D

### HOOSIER HEALTHWISE CAPITATION RATES

<b>Maternity Case Rate</b>	\$ 6,636.28
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#### Package C Rates

<b>Category</b>	<b>Statewide Rate</b>
Newborns	\$ 233.45
Preschoolers	143.07
Children	144.19
Adolescents	239.36

#### 2017 Hoosier Healthwise Capitation Rates Effective July 1, 2017-December 31, 2017

*All rates before adjustment for 1.58% withhold and after risk adjustment.*

#### Package A Rates

<b>Category</b>	<b>Statewide Rate</b>
Newborns	\$ 683.29
Preschoolers	122.29
Children	143.45
Adolescents/Adults	202.57
Pregnant Females	386.02

<b>Maternity Case Rate</b>	\$ 7,006.49
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#### Package C Rates

<b>Category</b>	<b>Statewide Rate</b>
Newborns	\$ 246.82
Preschoolers	151.89
Children	149.17
Adolescents	248.25

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## EXHIBIT 5.D

### HOOSIER HEALTHWISE CAPITATION RATES

Note on Calendar Year 2018 Capitation Rates:

No further adjustments to the Calendar Year 2018 capitation rates are anticipated.

#### 2018 Hoosier Healthwise Capitation Rates Effective January 1, 2018-July 31, 2018

*All rates before adjustment for 1.77% withhold and after risk adjustment.*

##### Package A Rates

Category	Statewide Rate
Newborns	\$ 766.92
Preschoolers	120.89
Children	135.58
Adolescents/Adults	183.25
Pregnant Females	441.70

<b>Maternity Case Rate</b>	\$ 7,135.26
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##### Package C Rates

Category	Statewide Rate
Newborns	\$ 276.43
Preschoolers	144.00
Children	153.22
Adolescents	216.51

#### 2018 Hoosier Healthwise Capitation Rates Effective August 1, 2018-December 31, 2018

*All rates before adjustment for 1.77% withhold and after risk adjustment.*

##### Package A Rates

Category	Statewide Rate
Newborns	\$ 835.15
Preschoolers	125.15
Children	138.36
Adolescents/Adults	188.53
Pregnant Females	466.63

<b>Maternity Case Rate</b>	\$ 7,937.45
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**EXHIBIT 5.D**  
**HOOSIER HEALTHWISE CAPITATION RATES**

**Package C Rates**

<b>Category</b>	<b>Statewide Rate</b>
Newborns	\$ 300.43
Preschoolers	148.31
Children	156.30
Adolescents	222.23

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**EXHIBIT 5.D****HOOSIER HEALTHWISE CAPITATION RATES**Note on Calendar Year 2019 Capitation Rates:

The following rate adjustments have been reflected in this amendment and in the capitation rates documented in this section:

- Adjustment to reflect updates made to the State-directed outpatient hospital fee schedule for CY 2019
- Adjustment to reflect any State-directed Hospital Assessment Fee (HAF) fee schedule changes that become effective during CY 2019
- Adjustment to reflect data issue related to retroactive eligibility for newborns
- Adjustment to reflect emerging experience for the Applied Behavioral Analysis (ABA) benefit
- Adjustment to reflect expanded access to substance use disorder services such as residential treatment and opioid treatment programs
- Adjustment to reflect coverage of cochlear devices
- Adjustment to reflect expansion of tobacco cessation drug treatment coverage
- Adjustment to reflect extension of Inpatient Outpatient Program (IOP) services to all Medicaid managed care benefit packages
- Adjustment to reflect an updated reimbursement policy for the Vaccines for Children program

No further adjustments to the Calendar Year 2019 capitation rates are anticipated.

**2019 Hoosier Healthwise Capitation Rates**  
**Effective January 1, 2019-July 31, 2019**

*All rates before adjustment for 1.77% withhold and after risk adjustment.*

**Package A Rates**

<b>Category</b>	<b>Statewide Rate</b>
Newborns	\$ 898.38
Preschoolers	141.23
Children	141.02
Adolescents/Adults	187.89
Pregnant Females	366.43

<b>Maternity Case Rate</b>	\$ 7,342.31
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**Package C Rates**

<b>Category</b>	<b>Statewide Rate</b>
Newborns	\$ 322.50
Preschoolers	167.96
Children	151.26
Adolescents	214.62



**EXHIBIT 5.D****HOOSIER HEALTHWISE CAPITATION RATES****2019 Hoosier Healthwise Capitation Rates  
Effective August 1, 2019-December 31, 2019***All rates before adjustment for 1.77% withhold and after risk adjustment.***Package A Rates**

<b>Category</b>	<b>Statewide Rate</b>
Newborns	\$ 849.95
Preschoolers	138.67
Children	139.49
Adolescents/Adults	185.02
Pregnant Females	355.80

<b>Maternity Case Rate</b>	\$ 6,635.63
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**Package C Rates**

<b>Category</b>	<b>Statewide Rate</b>
Newborns	\$ 305.47
Preschoolers	165.27
Children	149.67
Adolescents	211.77

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**EXHIBIT 5.D****HOOSIER HEALTHWISE CAPITATION RATES**Note on Calendar Year 2020 Capitation Rates (Planned Future Rate Adjustments):

The following rate adjustments are anticipated at a future time, but are not reflected in the capitation rates documented in this section:

- Adjustment to reflect updates made to the State-directed inpatient hospital fee schedule for CY 2020
- Adjustment to reflect updates made to the State-directed outpatient hospital fee schedule for CY 2020
- Adjustment to reflect any State-directed Hospital Assessment Fee (HAF) fee schedule changes that become effective during CY 2020
- Adjustment to reflect any other changes made to State-directed fee schedules during CY 2020
- Adjustment to include reimbursement for the HIF
- Adjustment to reflect rate changes and risk mitigation mechanisms related to the COVID-19 pandemic

**2020 Hoosier Healthwise Capitation Rates  
Effective January 1, 2020-December 31, 2020**

*All rates before adjustment for 1.77% withhold and after risk adjustment.*

**Package A Rates**

<b>Category</b>	<b>Statewide Rate</b>
Newborns	\$ 815.13
Preschoolers	131.30
Children	133.86
Adolescents/Adults	185.03
Pregnant Females	321.19

<b>Maternity Case Rate</b>	\$ 7,054.12
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**Package C Rates**

<b>Category</b>	<b>Statewide Rate</b>
Newborns	\$ 293.21
Preschoolers	144.36
Children	154.45
Adolescents	202.20

Note on One-Time Settlement Amount for Retroactive Enrollment:

A one-time settlement amount has been calculated to reflect net costs incurred by the Contractor for retroactive enrollment. Development of the settlement payment to the Contractor of \$3,867,789 is detailed in the State's actuary's report dated January 14, 2020.